Course Transcript

September 14-15, 2011
Disaster Health Information Sources: The Basics
Instructor: Robin Featherstone, MLIS

[Slide 1]

Presenter: Robin Featherstone

I'm Robin Featherstone, a medical librarian at McGill University. I've also worked at the McGill University Health Center. My interest in disaster health information started when I was an associate fellow at the National Library of Medicine. I participated in an oral history project where I recorded stories from librarians across the United States and Canada about the roles they played answering disaster-type questions or responding to disasters. That really started my interest in this area. I recently conducted a qualitative research project investigating the information needs of health professionals during H1N1. I presented at a couple of conferences and I'm hoping that JMLA will accept the paper that has been submitted to them. My regular day job is teaching medical students and working with physicians and clinicians. Teaching disaster health information is really a new area for me. This is the foundational course as well in MLA's new disaster information specialization. If you are going to take one class on disaster health information, this is the one to take because it is a survey course. Today we will go for about an hour and a half. As I said at the beginning, I would like to make this as interactive as possible. So, please participate in the polls and the questions and feel free to ask questions during the class. Take advantage of some of the features of the Adobe Connect software which allows us to talk and interact with one another.

[Slide 2]

Presenter: Robin Featherstone

I created this graph on disasters using the medical subject heading and looking at the last 40 years. I used a tool called GoPubMed which is great for doing an analysis of bibliographic citations. We see an increase in relative research interests and the number of publications on disaster topics. I want to draw your attention to these three increases; you can see in relative research interests.

[ACTIVITY]

I would like to ask the class a few questions, so if you know the answer, please raise your hand. I will call on you.

“What do you think caused the three increases in relative interest in disaster topics?” Jeanette is typing in her answers. Do you remember the little exercise we did raising your hand? Are you voice over IP? No, are you on the phone? Can you hear me through the conference call? No. Okay, why don’t you just use the chat box to type in your answers? 2005 being hurricane Katrina, maybe 2009 the volcano or the tsunami, and then we had 2001, as well.

I’m getting lots of people raising their hands and lots of people typing answers. I have heard all of the correct answers in here and everybody got the idea that this increase in relative research interest is caused by events, particularly events that get high media coverage. I just added to the slide, 2001 being 9/11, 2005 being Hurricane Katrina, and then 2009 the highest relative research interest that we’ve seen yet. I think it is reflective of this being a health topic and the search being done with MEDLINE citation being H1N1.

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Presenter: Robin Featherstone

To go into more detail about H1N1: what you could see between March 15 and April 26 is this increase in the number of cases.

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Presenter: Robin Featherstone

Then, immediately following during the same period we had this explosion in available information, particularly on the Web. One of the many challenges of searching for disaster information is having to navigate this influx of information and to select the best quality evidence to meet the information needs for the disaster workforce.

Disaster information needs don't only occur during the response phase. They also occur during the mitigation, planning, and recovery phases. In today's webinar I’m going to describe the information sources that will meet all of the needs of these different phases.

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Presenter: Robin Featherstone

It is my hope that by the end of this course I will have achieved these three objectives.

Be comfortable locating disaster health information, peer-reviewed articles and books on disaster topics as well as standards and reports. Just to name a couple of different information sources.

Be confident using a variety of disaster health databases, tools, and Web sites. We will be discussing using HazLit, phe.gov, tools like WISER and CHEMM, not to mention PubMed, and MedlinePlus resources that you're already probably already familiar with.

Be knowledgeable about initiatives and technologies for accessing disaster heath information. We're going to talk about social media, RSS feeds, and Twitter. Also, we will talk about initiatives like the National Library of Medicine initiative to share journals and publication data with areas affected by disasters.

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Presenter: Robin Featherstone

I'm going to talk a little bit about disaster medicine as a topic and in the disaster workforce, which is the target audience for the information sources.

We're going to have a case discussion and a poll.

We'll talk about disaster health information for professionals as distinguished from disaster health information for the public. Just to make it clear, there's so many different ways that you can organize the number of sources. I hope that you will have an opportunity if you haven't already to look at the MLA course Web site which includes the PowerPoint for this slideshow and also all the resources and links to every source that I mentioned in today's class and also some more.

We will talk specifically about NLMs resources for disaster health information, and at the end we will talk about tools, social media tools that I mentioned previously.

Then, I will summarize and leave time at the end for questions.

[Slide 7]

Presenter: Robin Featherstone

Let's start with a quick definition of what is a health disaster. The key point here is that the impact of the event will exceed the resources of the local area to handle. We were talking a little bit about H1N1 at the beginning people might think that normally infectious diseases aren't disasters, but in the case of H1N1 a public health emergency was declared.

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Presenter: Robin Featherstone

I will talk about some related terms. This entire class could be about definitions related to disasters, disaster management, emergency planning, emergency preparedness, etc. I don't want to go too in depth, but I want to talk about this continuum of escalating incidents.

A disaster is a serious disruption in the functioning of society. An emergency is a situation that is out of control and requires immediate attention.

An event is an occurrence that has the potential to affect living beings and their environment. You can think of an event turning into an emergency and the emergency turning into a disaster and then a disaster turning into a health disaster.

If you are interested in more definitions or if you're teaching a course, or you would like to clarify something maybe for a publication, I have pointed out a link on this slide to a great glossary of different disaster-related terms.

[DISCUSSION]

I see that Molly has raised her hand. What does WADEM stand for? We're going to talk about WADEM in a second. WADEM is the World Association for Disasters and Emergency Medicine. It is a professional organization that provides a great amount of information and one of the resources today.

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Presenter: Robin Featherstone

Let's talk about disaster medicine as a topic. This is the best text I could find on disaster medicine by Koenig and Schultz, from their table of content and all of those topics they covered in this text book. I'm going to highlight some of the topics which we are going to cover in exercises today or discuss in more detail like emerging infectious diseases like H1N1. Also, I will highlight mental and behavioral health to think about the effects that a disaster would have on mental health and the members of that community.

Surveillance and surveillance tools are needed to keep track of what's happening during a disaster, particularly during the response phase.

The hospital facility disaster management we are going to do a couple of exercises. Surge capacity which is an important concept; it is the rapid expansion of the capacity of existing health care

systems to respond to an event. That event could cause a need for increased personnel, more support functions, and more physical space like beds, or alternate care facilities being made available. The best definition for surge capacity is really from the Department of Homeland Security. Hospital managers are interested in calculating their surge capacity and there is a lot of literature about that.

Some specific disasters—ones we are going to cover today—are chemical events, nuclear and radiological events, hazmat, toxic and industrial events, and floods.

Keep in the back of your mind during today's workshop the term all-hazards-preparedness. According to the CDC, emergency preparedness requires attention not just too specific types of disasters so not just floods, fires, and earthquakes. It also requires steps to increase preparedness for any type of hazard. A lot of scholarly literature focuses on all-hazards-preparedness.

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Presenter: Robin Featherstone

I think of the disaster workforce as the target audience for disaster health information and the kind of resources we will look at today.

At first I thought the disaster workforce refers to emergency responders and hazmat teams, it's small and actually, the opposite is true. It is a large audience and can include licensed or trained volunteers, permanent or "as needed" workers who play a defined role in an emergency support function related to mass care and emergency assistance, public, and medical services.

I have given you a link here for the FEMA definition of emergency support functions 6 and 8 which outlines what the disaster workforce does.

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Presenter: Robin Featherstone

Some of those individuals who might have a need for disaster health information include the following licensed or credentialed health professionals: nurses, including advanced practice nurses like nurse practitioners, nurse anesthetists, certified nurse midwives, clinical nurse specialist, and registered nurses; behavioral health professionals like therapists, public health social workers, mental health and substance abuse social workers, psychologists, mental health counselors; emergency medical technicians; EMT's and paramedics. A group that surprised me but makes perfect sense is veterinarians because animals are affected by disasters as well.

You would have dentists, pharmacists, physicians, physician assistants, emergency physicians, and other first receivers. We think a lot about first responders as being the first ones the scene and then the first receivers as being those individuals who would work in a health care organization and be the first ones to receive patients or to receive victims of disasters as they arrive.

I also have included radiologists, radiology technologist, technicians, and a wide variety of other specialists like respiratory therapists, clinical lab technologists, and technicians. This is from the resource “who is eligible’; The Emergency System for Advanced Registration of Volunteer Health Professionals ESAR VHP is the acronym. I’ve put on your Moodle site through MLA a list of acronyms.

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Presenter: Robin Featherstone

You have trained community volunteers, for example the Red Cross. You have firefighters, including hazardous materials responders, and emergency managers. From my personal experience working at Montreal General Hospital, the disaster health questions that I received are from this group. In the research that I conducted on H1N1, health care administrators were a key audience for disaster health information. This group includes hospital and other health center administrators, public information officers, and members of the incident command system.

You have military and civilian humanitarian assistance workers, like the Salvation Army. Librarians are a part of the team as well, particularly through training or providing information during the response, planning, and all other phases.

Administrative and support staff, are in a number of different groups. Social workers, laboratory support staff, administrators, and clergy are very involved. One of the things we found out during Katrina was that the clergy were really visible at the scene.

You have disaster mortuary team members. The acronym it is DMORT. This includes a wide number of people from medical examiners to anthropologists, x-ray technicians, medical records technicians, and evidence specialists. Some other groups not represented in the photos but would be health educators, toxicologists, and the environmental health workforce. The list goes on. There are a huge number of individuals who have a need for disaster health information.

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Presenter: Robin Featherstone

[ACTIVITY]

I would like to do a case discussion to get us thinking. We were talking about H1N1 before. Think about this particular scenario: It is the end of April 2009 the first wave of swine flu. An administrator from a hospital asked me to find information to answer the question "What is the effectiveness of antiviral agents for swine flu?"

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Presenter: Robin Featherstone

[ACTIVITY]

What are three challenges related to finding information in this case?

A. Unavailability of information.

B. The audience probably wants all available information.

C. There are a variety of different potential sources of information on the topic.

D. Unavailability of indexed, peer-reviewed literature during the early phases of an outbreak, particularly of an unknown infectious disease.

E. The need to start monitoring information sources in order to provide updates to administrators.

While you think about this, I will open up the poll so that you can give your answers. There is more than one correct answer to this question. Hopefully you can see the poll now. People are starting to give their answers.

I will now broadcast the results so you should be able to see. People are still changing their answers. I will close the poll so we can see the answer to this question.

Answer A: This would be incorrect. What we saw from those earlier slides was that there was a lot of information available at the time.

Was it good information? Probably not. Answer B. I would say this would also be incorrect. The audience probably wants all available information but I think they would be completely overwhelmed as health care administrators given the number of other responsibilities they would have at that time. They would want the best quality evidence.

The correct answers would be C, D, and E.

C. Variety of different potential sources of information on the topic. That is absolutely true. D. The unavailability of indexed, peer-reviewed literature – this is what we found from our research was that trying to find RCT which is randomized control trials on antiviral control agents for H1N1 was not available. Then, E. – as the publications came out, you would want to be there to monitor it as recommendations and guidelines came from organization like the CDC or WHO. It requires the work of an information professional to be able to monitor and provide the information to the health care administrators.

Now I will clear out those answers. I hope that exercise makes you aware of some of the challenges that really make disaster health information tricky. Hopefully the resources were recovered today will help it easier to find best policy evidence when you need it.

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Presenter: Robin Featherstone

If there is one slide that you are going to remember, I hope this is the one. This is my attempt to summarize disaster health information sources. Imagine that the triangle represents the body of disaster health information. It can be split into two parts. The first part is the peer-reviewed scholarly literature. This would be journal articles and books, what we would typically use as medical librarians.

Then, there is a much larger body of grey literature including reports, summaries, surveillance data, and training material. Today we will search for both kinds of disaster information using the sources for finding peer-reviewed journal articles and books. We will also be using other sources for finding reports and other sources of disaster information.

[DISCUSSION]

I see that Jeanette has raised her hand. Should I enable your microphone? Oh, I love the graphic. I try to put a triangle in every class I teach.

[Slide 16]

Presenter: Robin Featherstone

The following are some of the PubMed indexed journals that publish topics related to disaster medicine. This list is available on the course Web site. I want to add that they are a lot of emergency medicine journals and they have significant content on disaster health. One of the themes of this course is that the description and definition of these resources is really all over the place. Sometimes this information can be hard to find.

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Presenter: Robin Featherstone

Describing disaster medicine- I have given you some subject headings from the Library of Congress, a great resource; the medical subject heading list that DIMRC, the Disaster Information Management Research Center at the National Library of Medicine; and a list of medical subject headings that has been applied to disaster topics. So, if you are starting a search and you want a list, I would recommend checking this out.

If you are ordering books—Doody's is a resource for medical librarians. Hopefully there are enough medical librarians on the call so that makes sense to everyone when I refer to Doody's.

There is no topic for disaster medicine. We looked at some disaster medicine text and it came under the categories for emergency medical services in public health. Then, the same, as you see, for WorldCat—the categories are all over the place. You see emergency management, emergencies, and disaster planning. There are many terms besides disasters. Please consider checking this list to try to find terms to match your queries.

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Presenter: Robin Featherstone

One of the nicest initiatives, I mentioned this earlier, is NLMs Emergency Access Initiative. Not all journal literature is publically available at no cost. An opportunity to access disaster literature during the recovery period following a disaster event is NLMs Emergency Access Initiative, which includes reference books. Handbooks and guidebooks are very important during response phases. Many physicians end up practicing outside of their specialty areas. So, drug handbooks are used heavily during response phases. There is also a great resource called the one-shelf reference library that the NNLM, the National Network of Libraries of Medicine, has put together as part of its tool kit. That resource can also be found on the MLA course Web site.

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Presenter: Robin Featherstone

I want to talk about some information sources for professionals. This would be toward the top of the pyramid—peer-reviewed material and journal articles and books. I want to present two scenarios: (1) A child psychiatrist wants you to find articles to answer the question "What is the post-hurricane pattern of behavioral and emotional problems in children?"

(2) A facilities manager asks you to find best practice guidelines for evacuating a hospital. These are actually real-life questions that we are working from today.

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Presenter: Robin Featherstone

I will start by describing the Disaster Information Management Resource Center, resource guide for public health preparedness. This is an index to grey literature resources that are freely available on the Web. This is a good one-stop shop for grey literature resources. A lot of government material here.

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Presenter: Robin Featherstone

I will talk about the HazLit Database, the Natural Hazards Center Library, which is from the University of Colorado at Boulder. HazLit contains citations to journal articles, books, and reports. A word of caution, some of their materials can be hard to get your hands on. They don't provide a document delivery service. If there is a resource that you want to find that is not available on the Web, I would suggest contacting the Natural Hazards Center Library to find out had to get those materials.

Among other projects, the Natural Hazards Center Library publishes a digest of natural disasters research and they also offer research grants that help researchers travel to disaster areas promptly.

If you are thinking of doing research in the area of disasters, this would be a good place to go to.

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Presenter: Robin Featherstone

PAHO, the Pan American Health Organization, has an area on their Web site on emergency preparedness and disaster relief. PAHO generates and disseminates a lot of disaster preparedness, risk reduction, and management materials. They also have this Hospitals Safe Initiative with a ton of information. This would be a good resource for a facility preparing for a hospital evacuation or for an earthquake or any kind of event. This would be a better resource probably for that facilities question then for the child psychiatry question.

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Presenter: Robin Featherstone

PubMed, we are all familiar with this. This is a source of peer-reviewed journal articles. Adding a caveat, not all articles may be available in full text. You may need subscriptions to your local institutions to access this material.

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Presenter: Robin Featherstone

The NCBI Bookshelf does contain the full text of books that are downloadable online versions of selected biomedical books. In the area of disaster medicine, the bookshelf contains workshop summaries, evidence reports, technology assessments, and guidelines. Guidelines are a good resource for that question on post-traumatic stress disorder for children following a hurricane.

It provides protocols as well. It is a combination of peer review books and grey literature.

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Presenter: Robin Featherstone

We have other sources of other professional information. The Agency for Health Research and Quality is no longer maintaining the Public Health Emergency Preparedness Web site. Its materials have been archived and are available. These materials are not being added to and will go out of date quickly, but as it stands now, they are wonderful resources. They are grey literature resources. The work of AHRQ's Public Health Emergency Preparedness was taken over by the Office of the Assistant Secretary for Preparedness and Response or ASPR. They have a public

emergency health Web site. I was traveling recently during Hurricane Irene. This was the best Web site on my iPhone at the airport. I was able to connect to local data; I wanted to know if my friends in Connecticut were all right. I could see this through its Web site.

There is the CDC Emergency Preparedness Response Pages for Professionals. There are a lot of summary pages including information for the general public and for professionals. There is a section on mass casualties that is really great. They have information on medical response to large-scale events and pages on surge capacity and injuries and fact sheets and treatment protocols. There is a wealth of information.

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Presenter: Robin Featherstone

Another source would be the professional associations: the American College of Emergency Physicians, the American Medical Association, and the American Red Cross is an important resource as well.

The World Association for Disaster and Emergency Medicine, WADEM, is an interdisciplinary NGO that includes doctors, nurses, emergency planners, and dentists. Really it includes anybody that we define as a part of the disaster workforce. It also publishes the journal Pre-hospital and Disaster Medicine and a textbook called “International Disaster Nursing.” WADEM has a book you can read online called Health Disaster Management Guidelines for Evaluation and Research. If you are doing any research in this area, this is an important textbook.

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Presenter: Robin Featherstone

In addition, we talked about the Natural Hazards Center at the University of Colorado in Boulder which produces HazLit. There are other academic centers that serve as potential resources of disaster health information. In contrast to the Natural Hazards Center which only focuses on non-man-made events, the Center for Biosecurity looks at biological weapons attacks and large-scale epidemics. Its site presents a lot of articles on threat assessment and mitigation. One area that may be especially handy is under bio-agents fact sheets on agents that have been identified as particular threats.

The Center for Infectious Diseases Research and Policy is based at the University of Minnesota. It focuses on response to emerging infectious diseases and preparedness, especially pandemic flu.

The Center for the Study of Traumatic Stress is a part of the Uniformed Services University. Look for resources in a collection of PDF fact sheets on its Web site, resources having to do with psychological consequences of the situations. This would be a good resource to use for the question about child psychology following a hurricane.

The Institute of Medicine, which is part of the National Academies, is a private nonprofit. They have offered 14 live workshops in different parts of the country about different aspects of public health preparedness.

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Presenter: Robin Featherstone

Wrapping up of the professional information section, we have surveillance tools. The most important in the United States is the MMWR, which is the Mortality and Morbidity Weekly Report from the CDC. These are state health statistics. This is a reliable source of data for selected national notifiable diseases reported by 50 states. So, you can see in the case of H1N1, the number of cases was a key question that administrators were asking.

ECDC is the European Centers for Disease Control surveillance. They are responsible for surveillance of infectious diseases in the European Union.

Then, there is WHO Global Alert and Response, which is an integrated global alert and response system for epidemics and other public health emergencies.

I just included ISID, the International Society for Infectious Diseases, ProMED-Mail. It is a great e-mail list that provides updates on rapid global outbreaks, infectious diseases, and acute exposures to toxins that affect human health. Something to note about ISID ProMED-Mail is it involves infectious diseases and other illnesses as well.

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Presenter: Robin Featherstone

[ACTIVITY]

I want to ask the question, I will let you read this. Where are you likely to find information to answer the question: “What is the post-hurricane pattern of behavioral and emotional problems in children?” I will open up the poll for that.

You should see it now. I will now close the poll and you should be able to see the results. I would say that PubMed would be a great resource. There are a lot of journal articles and the target articles for this exercise were all in PubMed. There are a lot of studies about children's behavioral and psychological impact following Hurricane Katrina. Reports were available through PubMed.

And everyone got the Center for Study of the Traumatic Stress.

The ASPR phe.gov Web site would be better source for consumer level information and reports.

Also, the NCBI Bookshelf was a good resource for this, not specifically related to hurricanes, but to post-traumatic stress disorder.

We will continue. Not a lot of people, only two of you answered that it was NCBI Bookshelf. This is a good resource for materials on PTSD, post-traumatic stress disorders in children. PAHO was a better resource for questions on facilities.

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Presenter: Robin Featherstone

[ACTIVITY]

Let's go to the next question—based on this exercise, which resources would you use—hold on, went too far in the slide deck.

Let's answer this question: “Where are you likely to find best practice guidelines for evacuating a hospital?” I will now open the poll.

I will close the poll now. You can see the results. Nine of you answered AHRQ’s Archive for Public Health Preparedness. This is true. There are some great documents, reports from hospitals about hospital evacuation procedures available through their archive. PubMed, this may not be the best source. You might find a research study possibly that they did evacuation exercise in this is what they found. But, this is not the procedures and guidelines we are looking for.

Nobody answered HazLit. This is actually a good resource to answer this question because of the nature of the material they collect, a lot of guidelines and reports and procedural documents.

D. World Association for Disaster & Emergency Medicine. Nobody said this is a good resource to look at. This is correct.

And E. CDC’s Emergency Preparedness and Response. I probably would not recommend this resource either. Ten of you said it was worth a look.

Some things to take away from these exercises is that it is not always apparent where the best place to look is. It is through familiarity with the resources. Today we can only give you kind of a quick overview. But, I hope you will take the opportunity to look at some of these resources and I have given you practice questions so that you will have this opportunity to look at questions to test other resources and get a sense of where is a good place to find the information that members of the disaster help workforce would want.

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Presenter: Robin Featherstone

To switch gears from talking about resources for professionals, will talk about disaster help information for the public. Rather than me describing each one of these in turn, I will ask you to follow the links on your screen. Please keep open the Adobe Connect window so that you can come back to the class. I am going to give you about eight minutes to do this exercise. Test out maybe not all of them, but test out the resources to find information on health hazards after a flood for a consumer audience.

[DISCUSSION]

Jeanette raised her hand. Do you want to use the chat box? The question was about the previous question. I will go back. It was AHRQ and HazLit which were the best.

[ACTIVITY]

Let's go ahead with this exercise. I will give you eight minutes. I will let you follow the links and find information on health hazards after a flood for a consumer audience. You have four more minutes for the exercise. Two more minutes. In the last 30 seconds, if I could ask you to close your browsers or minimize them and come back to the Adobe Connect page. I will talk briefly about these five resources and ask some questions about your exercises. Hopefully everyone is back. The CDC Web site, as you will have seen, contains information on specific disaster events for consumer audience. They are slanted toward health effects and containing infectious agents specifically.

The DIMRC is a portal of information sources for multiple audiences. It is a good place to begin your search. They are an aggregator, but not a content resource.

The FEMA Web site contains information on specific disaster events for a consumer audience, but the scope of their information is more broad. You may have seen this. It may include non-health related topics like insurance and other financial considerations for a disaster victim.

MedlinePlus is specifically designed for the consumer audience and contains overview information and links to other sites.

The PHE.gov—public health emergency Web site from ASPR, the Office of the Assistant Secretary for Preparedness and Response, is another portal page to government information on emergencies. A lot of it is drawn from the CDC. It is also intended to be one of the first places that you would go to look—a kind of a one-stop shop experience.

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Presenter: Robin Featherstone

[ACTIVITY]

Based on this, I would like to ask individuals to raise your hand or type in your response using the chat. Which resource you would use in the future to find similar information on health hazards following a natural disaster based on this exercise?

Catherine said DIMRC, Rebecca said CDC and MedlinePlus, and Robin Parker said DIMRC. Not so many people are saying PHE.gov. That really is a good web site to go to. Maybe because it was down on the list you didn't get a chance to look at the list.

MedlinePlus, you wouldn't think of this as a good place to go for disaster information, but it is great for the consumer audience.
Lindsay has joined us. She thought the class started at noon Mountain Time. Sorry, we will offer this again tomorrow. Stick around after the class and we will set you up.

People are giving feedback that they thought the PHE harder to navigate. We should give this feedback to them. It is a Web site in development.

This class will be available on demand. We are recording this and people can read do the recording later.

Think about the disaster workforce as being so varied. Who do you think would be members of the disaster workforce that would need this level of information? Not every member of the disaster workforce is a professional physician. Some answers are public health officers and community health responders, especially community volunteers. Yes, people working in public health.

That's great. We have about 25 minutes left. I want to move on. One of the key messages is that some of the members of the disaster help workforce would want consumer level information. So, it is important to be familiar with site like MedlinePlus, PHE.gov, DIMRC Web site, and the CDC and FEMA Web sites.

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Presenter: Robin Featherstone

We are going to talk about some NLM resources. We have already discussed the DIMRC Web site, the Resource Guide to Public Health Preparedness, and MedlinePlus.

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Presenter: Robin Featherstone

We are going to talk about the disaster information tools for particular audiences. The first one is WISER, the Wireless Information System for Emergency Responders. It contains information about hazardous materials.

CBRN stands for chemical, biological, radiological, and nuclear. It is designed for first responders, such as hazmat teams and emergency department personnel which are those first receivers that we discussed earlier.

It contains information for triaging patients during mass casualty events; a triage tool to help you categorize different patients based on their needs.

It has the stand-alone and enhanced wireless capabilities, which makes it great because you can use it on your handheld without being connected to the Internet.

There is a lot of training materials available here. If you are interested in training at your institution, there are a lot of helpful guides available on this Web site

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Presenter: Robin Featherstone

Platforms on which you can use WISER include the downloadable version on a handheld or a PPC and there is also the Web version.

[DISCUSSION]

Rebecca is asking “How do you push the information to the community health members? How do they know to text you for help?” That is a good question. We can hold until the end. I need to think about this. Rebecca, is that okay if we hold that until the end of the class?

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Presenter: Robin Featherstone

Another mobile application is REMM, which stands for Radiation Emergency Medical Management. It is for health care workers diagnosing and treating patients during a radiological nuclear event. The key thing to remember is that those individuals may not have any formal radiation medicine experience. This is available as a stand-alone application and can be downloaded on many platforms and mobile devices.

What you would find in REMM is radiation principles, for example, exposure versus contamination. Patient management algorithms like the triage algorithms we would see in WISER and initial on-site activities. What to do when you come to the environment where there has been a radiation event, decontamination procedures, how to decontaminate patients and counter measures. There is a lot of great information for this resource for this specific application.

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Presenter: Robin Featherstone

I have given you the URL for the Web version of REMM. They are downloadable versions for Windows and MAC. Some of the content is also included in WISER.

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Presenter: Robin Featherstone

The third NLM disaster information tool is a new one, called CHEMM. CHEMM stands for Chemical Hazards Emergency Medical Management. This is for first responders and first receivers. Specifically it is targeted for individuals planning for and responding to and recovering from an event involving chemicals. This can be downloaded to your computer. It has identification tools and medical management guidelines for chemical groups and different syndromes.

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Presenter: Robin Featherstone

[ACTIVITY]

I will give you about five minutes for this exercise. You might only get to one question. Use one of the following Web resources to answer the questions: “What are guidelines for setting up a chemical decontamination area outside a hospital emergency department?” “What disaster triage category should be assigned to a patient who cannot walk and exhibits spontaneous breathing and a respiratory rate greater than 30?” “How do you diagnose for wound contamination from radioactive shrapnel?”

Please take five minutes to complete this exercise and then we will talk about the results. If you want to do this exercise on your iPhone or any mobile device, I think that is great. As far as I know, the CHEMM application is not available. And the answer is no, it is not available yet but is coming soon. Cindy Love is typing in. Thank goodness Cindy love is here to answer this question.

Check your chat talks if you're wondering about the question about Fukushima. Cindy Love has given us some information.

One more minute for this exercise. In the last few seconds, I will ask you to close your browser windows and come back to Adobe Connect.

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Presenter: Robin Featherstone

[ACTIVITY]

I will ask some summary questions. Which resource answered the first question? I will open up the poll.

Now I will close it. The majority of you got this correct. At least the first resource that I would look to would be CHEMM decontamination procedures. There are also other resources you could also use for this question like PubMed or maybe the Resource Guide for Public Health Preparedness, but CHEMM with decontamination procedures is a great one.

[Slide 41]

Presenter: Robin Featherstone

[ACTIVITY]

Question number 2; I will open the poll again.

I will close this now. Most of you got this correct. It would be WISER. It is called the START adult triage algorithm that would answer this question.

[Slide 42]

Presenter: Robin Featherstone

[ACTIVITY]

The final question; I will open the poll for this one. This is the question about radioactive shrapnel.

People are automatically thinking radioactive equals REMM.

I will close this now. REMM is absolutely correct. Go to patient management section of REMM, under the category of contamination. There is a section on wound contamination from the radioactive shrapnel.

Thanks, everyone for doing this exercise. I hope we gave you some hands-on experience with those tools.

[Slide 43]

Presenter: Robin Featherstone

Now, I will enter the last section of the class. I realize we have just over 10 minutes. I understand that people have to go, but I will keep teaching and it will probably be about five minutes over time. Just to let you know that now. There was a great article recently. I have given you a quote here about the role of social media during disasters and during preparedness activities. I hope this is something that I can stress is important to start becoming involved with and to start using these tools. We'll talk about these tools.

[Slide 44]

Presenter: Robin Featherstone

Things like applications for your mobile devices, e-mail lists, RSS, stands for really simple syndication, Twitter, and widgets.

[ACTIVITY]

I will open another poll to ask the question: “Do you currently use any of these tools mentioned to monitor disaster information?”

I will close the poll. I see that the majority is using these tools. That is wonderful and I hope that from this class you will learn about some new tools that you can start experimenting and using and work with as well.

[Slide 45]

Presenter: Robin Featherstone

A resource I wanted to highlight is called Relief Central. This is from unbound medicine and it is free. I don't know if it will stay free, but I hope it will. This is a resource for relief workers and first responders, specifically those arriving in a foreign country and needing to acclimatize quickly to an unfamiliar environment. It has some wonderful resources like the CIA World Factbook and the CDC Yellow Book, which is health information for international travelers. It also has summaries from MEDLINE journals on disaster medicine and news from the CDC, Red Cross, FEMA, and ReliefWeb. We talked about the applications for WISER and REMM. Hopefully, the CHEMM application is in development and will be available soon.

[Slide 46]

Presenter: Robin Featherstone

Here is the e-mail list I wanted to mention. If you are interested in subscribing, you can follow the links on the PowerPoint slides or you can go to the course Web site. CDC’s Healthcare Preparedness Information list is shown. Specifically for the librarian audience is the DIMRC’s Disaster Outreach list. One we mentioned earlier, a surveillance tool, is ISID, the International Society for Infectious Diseases ProMED mail. They can send you a weekly summary of infectious diseases and the number of outbreaks in particular countries around the world.

[Slide 47]

Presenter: Robin Featherstone

I have given you a screenshot from my Google Reader page and my folder on disaster information. RSS stands for really simple syndication. It allows you to subscribe to feeds from Web sites and you can look for the little orange RSS icon, which you will see on the bottom right-hand corner of this slide. Use your feed reader or an aggregator like Google reader to read and organize your subscriptions like I have done here. You only need to check the aggregator page in order to get updates from a number of different sources.

[Slide 48]

Presenter: Robin Featherstone

These are some great RSS feeds from the CDC include the Mortality and Morbidity Weekly Report; the ECDC, epidemiological updates and influenza surveillance data; the FEMA RSS feed and NLM Specialized Information Services section, which includes DIMRC, the Disaster Information Management Research Center; and the World Health Organization RSS feed, which I recommend.

[Slide 49]

Presenter: Robin Featherstone

Twitter, the micro blogging service, allows people to post very short messages and in real time. Some people can think of Twitter as being a trivial source of news, but it tends to have up-to-date information because it doesn't take long to compose a short message. Also, it is indexed by Google and it is a great place to look for breaking news.

You might see news from emergency managers and first responders before the event has been covered by journalists. Something to keep in mind when using Twitter is that the information is not fact-checked the way a news article would be.

Many government agencies are using Twitter, and tweets are being archived by our Library of Congress.

One thing to keep in mind is to look for the blue Twitter icon, or the bluebird or the blue T, on a Web site. They are not used as consistently as the RSS symbol.

[Slide 50]

Presenter: Robin Featherstone

Twitter it is being used by the following disaster organizations. This entire list, including all these hash tags, is available through the MLA course site.

[Slide 51]

Presenter: Robin Featherstone

These are the hash tags that indicate what the message is about. I've given you some of the common ones related to disaster and health information. Disaster information like #twoat, and the Tropical Weather Outlook Atlantic, is also one of the hash tags. Here is a link to a complete list of disaster information hash tags on Twitter.

[Slide 52]

Presenter: Robin Featherstone

Another resource is Widgets which allow you to display third-party comments on your Web site. They are a very effective way to share information on a library Web site or a library blog or wiki. We saw the flu.gov widget being spread all over the place during the H1N1.

[Slide 53]

Presenter: Robin Featherstone

Some sources of widgets would be CDC and DIRLINE, which has a specific widget for state disaster organizations. You can do a quick search on disaster organizations in your region. Also, FEMA has a number of widgets. I've given you the URL for those Web sites for you to see if there are any widgets you would like to enable on your Web site.

[Slide 54]

Presenter: Robin Featherstone

[ACTIVITY]

We are just coming up to the summary now. I want to review some of the information we covered in the class.

The first question: “What is the name of the NLMs program that gives free access to literature to areas affected by disasters?”

I will now open the poll. I don't think anyone will give a different answer now.

I’m going to close the poll. That is correct; it is the Emergency Access Initiative.

[Slide 55]

Presenter: Robin Featherstone

[ACTIVITY]

The second question: “How many individual topics fall under the category of disaster medicine?” This time I will not show the results, but you are already seeing them so.

Let me close this poll. There are about 30 individual topics under the subject of disaster medicine. There is a lot of material contained there.

[Slide 56]

Presenter: Robin Featherstone

[ACTIVITY]

“Which resources will help you find disaster information for members of the disaster workforce?” I have given you a list here, one we have used in the class. This time, I am keeping the results a secret.

Everybody is done so I will close this poll and broadcast the results. The answer is D. All of the above. The reason being, that the disaster workforce is so broad and varied that you would see members from professional communities as well as consumers. So, think of that audience as being broad and varied when you look for information for them.

[Slide 57]

Presenter: Robin Featherstone

[ACTIVITY]

Finally, one last summary question: "Which tool will help first responders identify toxic agents?" I will open that poll now.

I will close this poll and broadcast the results. Most of you got this correct, which is that it is WISER, a designated tool specifically for first responders and it contains hazmat and CBRN information, including identification tools.

[Slide 58]

Presenter: Robin Featherstone

Just some key points: The influx of information and research interest will commonly occur shortly after major disaster. Be prepared to answer questions and consider using tools like RSS and e-mail lists to monitor information as it is being produced.

[Slide 59]

Presenter: Robin Featherstone

Another key point: The disaster workforce is large and contains both licensed professionals and volunteers. Consider using sources of both a professional and public consumer audience when providing disaster health information.

[Slide 60]

Presenter: Robin Featherstone

There are more grey literature sources of disaster health information than peer-reviewed, indexed sources. Use a combination of bibliographic databases; federal Web sites; and aggregators like DIMRC, PHE.gov; surveillance tools, like ISID ProMED mail, MMWR; professional associations; and academic centers to locate disaster health literature information. Cast a wide net.

[Slide 61]

Presenter: Robin Featherstone

The NLM tools contain specialized information for first responders and receivers. Consider the nature of the disaster or emergency when recommending a tool. For hazmat or CBRN think WISER. For a radiological event think REMM, and for chemical events think CHEMM.

[Slide 62]

Presenter: Robin Featherstone

Social software is revolutionizing the method of delivering disaster health information. Use apps, e-mail lists, RSS, Twitter, and widgets to stay informed.

[Slide 63]

Presenter: Robin Featherstone

[DISCUSSION]

I will now open it up to questions. Thank you for being an attentive audience and for participating in the exercises and the polls. I enjoyed teaching this class.

If you have a question, raise your hand or talk over the phone or chat into the box. I will stay and answer your questions.

Rebecca raised her hand. I haven't enabled the microphone so what I think I'll do is to ask you to use your chat box and I will talk through those answers.

Rebecca is asking, "How do you promote the information to community health members? How do they know to text you for help?"

This is the question we had earlier today. This is a tough question. For the next class that we develop, we will talk a little bit about some promotion methods. This class was really focused on disaster health information sources and answering those kinds of questions that may come to information professionals and librarians. Thinking about the next step of promotion I am sure

there are a number of successful strategies that have been used to push information to this audience, but I am sure it is on a case-by-case basis. It is something that I would want to look at as well. I think that anybody on the call, please feel free to jump in and answer that question.

I see that Molly has mentioned some of the projects that my clinic that Mike McKnight has done. Robin Parker is suggesting that Twitter is used for info dissemination, if people are already following you on Twitter. Cindy is telling us a key point that any kind of promotion effort the disaster workforce needs to be aware of your existence ahead of time. Cicely is telling us about the CDC. There is so much information on these Web sites particularly the federal Web site like CDC and FEMA. You have to spend a lot of time getting familiar with them ahead of time can be advantageous.

Rebecca is asking if there are any sites specific to Canada. The Public Health Agency of Canada is a good place to look. I prepared this class for a U.S. audience. There could be another class prepared for a Canadian audience for sure, any country, really. A key point that Cindy Love and I talked about before this class: during an actual event or during a disaster health emergency, often it is the local resources that are the best place to go for breaking news, not necessarily the federal resources. Of course, preparing a class for people from all over Canada and the U.S., we need to focus on the higher level. Don't forget about your local news agencies and your local government, organizations, etc.

Michael has some good advice to librarians who want to get involved in this area: “Jump into the deep of the pool and just do it.” That is good advice.

Thank you so much, everyone, for participating.

[Event concluded]